

Tomorrow River Virtual Charter School

Application for Admission 2017/18 School Year

Location at CWES: 10186 County Road MM, Amherst Junction, WI 54407
Phone: 715-346-2730

Email: info@trccs.org
Website: trccs.org

- Students must turn 4 years old by June 1, 2017 to be considered for Pre- kindergarten, no consideration for exemptions.

Family Information

Child's name _____ Birth date _____ Circle gender: M or F

Grade applying for 2017/18 school year (please circle the intended grade):

Pre-Kindergarten Kindergarten 1st 2nd 3rd 4th 5th 6th

1) Parent/Guardian name _____ Occupation _____

Address _____ City _____ Zip: _____

Home Phone _____ Work _____ E mail _____

2) Parent/Guardian name _____ Occupation _____

Address _____ City _____ Zip: _____

Home Phone _____ Work _____ E mail _____

Other Caregiver name _____ Phone _____

Siblings also applying to TRVCS? If yes, please list name(s) and grade(s):

School district in which you reside _____

Current and Previous Schooling/Childcare

1. Current school name _____ Current grade level _____

Dates attended _____

Address/phone _____

Teacher _____

2. Previous School name _____

Dates attended _____

Address/phone _____

Teacher _____

Office Use Only: Lottery # _____ Sibling: _____ Staff: _____ Orient: _____ Withdrew: _____ other: _____

Special Needs

To ensure appropriate placement and necessary support services, please provide the following information about your child’s current and previous educational program.

Important Note: If your child has an IEP, we will need a copy of that document, and the assessment that created IEP eligibility.

Has your child ever received any of the following in school or through private services?

Please check all that apply:

Resource Specialist Program (RSP) _____

Occupational Therapy _____

Speech and Language _____

Counseling _____

Adaptive Physical Education _____

English as a Second Language _____

Gifted and Talented Education _____

Has your child ever had an IEP. (Individual Educational Plan)? Yes No

If yes, is your child’s IEP. still active? Yes No

If yes please include a copy of the IEP, and the IEP assessment with your application.

*If an IEP is developed after the date that you submit this application please send us a copy of the new IEP and assessment as soon as it is available.

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**ALL APPLICANTS MUST COMPLETE THIS SECTION:**

Student’s Name

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the child named above, and that all of the information given in this application is true to the best of my knowledge. I authorize the TRVCS to contact any care provider or school that my child has attended for additional information about my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_